ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number and address):*

| | FOR COURT USE ONLY |

TELEPHONE NO. *(Optional):*   FAX NO. *(Optional):*

E–MAIL ADDRESS *(Optional):*

ATTORNEY FOR *(Name):*

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

PETITIONER:

RESPONDENT:

| **APPLICATION AND ORDER FOR REISSUANCE OF ORDER TO SHOW CAUSE** (Elder or Dependent Adult Abuse) (CLETS) | CASE NUMBER: |

1. Petitioner requests the court to reissue the *Order to Show Cause and Temporary Restraining Order* originally issued as follows:
   a. *Order to Show Cause* was issued on *(date):*
   b. *Order to Show Cause* was last set for hearing on *(date):*
   c. *Order to Show Cause* has been reissued previously *(number of times):*
2. Petitioner requests reissuance of the order because
   a. ☐ respondent was unable to be served as required before the hearing date.
   b. ☐ other *(specify):*

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

_____   _____
(TYPE OR PRINT NAME)   (SIGNATURE)

ORDER

3. IT IS ORDERED that the *Order to Show Cause* issued as shown in item 1 above is reissued and reset for hearing in this court as follows:

   a. Date: Time: Dept.:   Room:

   at the street address of the court shown above.

   b. By the close of business on the date of this order a copy of this order and any proof of service shall be given to the law enforcement agencies named in the *Order to Show Cause* as follows:
      (1) ☐ Petitioner shall deliver.
      (2) ☐ Petitioner's attorney shall deliver.
      (3) ☐ The clerk of the court shall deliver.
   c. A copy of this order shall be attached to documents to be served on respondent, as directed in the *Order to Show Cause*, and shall also be served on respondent.
   d. **ALL OTHER ORDERS CONTAINED IN THE *ORDER TO SHOW CAUSE* REMAIN IN FULL FORCE AND EFFECT UNLESS MODIFIED BY THIS ORDER.** The *Order to Show Cause* and this order expire on the date and the time of the hearing shown in the box above unless extended by the court.

Date:

_____
JUDICIAL OFFICER

Page 1 of 1

**APPLICATION AND ORDER FOR REISSUANCE
OF ORDER TO SHOW CAUSE
(Elder or Dependent Adult Abuse) (CLETS)**

Code of Civil Procedure,
§ 527(d)(5); Welfare &
Institutions Code, § 15657